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CONFIRMATION NO. 7685

Bib Data Sheet

SERIAL NUMBER 10/065,307	FILING DATE 10/02/2002 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 2451-001
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APPLICANTS

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** CONTINUING DATA ***** None/RT

** FOREIGN APPLICATIONS ***** None/RT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/30/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *RT*

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TITLE
 Chest vibrating device

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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